

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT**

DHR	1. Department Address	ARCHIVES AND HISTORY	
Application Date	Division of Administration Office of Administrative Services Contracts Management Office Room 618-H Atlanta, Ga. 30334	Application Number	75-267-A
Oct. 3, 1978		Date Received	OCT - 3 1978
Application Number		Date Completed	OCT 18 1978
2. Person to Contact		Working Title	Telephone Number
Phyllis Lee		Administrative Aide	656-5739
3. Action Requested			
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.			
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.			
c. <input checked="" type="checkbox"/> Amend Application No. 75-267 Check One: <input checked="" type="checkbox"/> Change; <input checked="" type="checkbox"/> Supercade; <input type="checkbox"/> Void			
4. Dates of Series		5. Records Series Title (followed by title used in office; if different)	
Earliest	Latest	Contract Activities Report Files	
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?	
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.			
Documents relating to:			
Included are:			
File is arranged:			
8. Monthly Reference Rate		How often are records referred to which are:	
One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?			
9. Annual Rate of Accumulation or Records			
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 4 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	3 Oct 78	<i>[Signature]</i> Elizabeth W. Crank	10/3/78
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	10-12-78
		Secretary of State/Designee	10-13-78
		Attorney General/Designee	10-19-78



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date <b>11-19-75</b>	<b>INSTRUCTIONS</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. <b>DHR-20</b>		Date Received <b>DEC 5 1975</b>	Application No. <b>75-267</b>
3. Department of Human Resources Division of Administration Administrative Support Services 47 Trinity Ave., Rm. 621-H Atlanta, Georgia 30334		4. Person to Contact <b>Phyllis Lee</b>	
		5. Working Title <b>Administrative Aide</b>	6. Tel. No. <b>656-4760</b>

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series <b>1973 - Present</b>	9. Exact Series Title <b>Contract Activities Report Files</b>
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10. What is the function of the office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the procurement of services by contracting various parties to perform specific operational functions for DHR Division Services.

Included but not limited to are the contract for services, costs and recommended services to be performed, requirements for operation, monthly contract activity report and similar and related documents.

Files are arranged by DHR division, thereunder alphabetically by name of contracting agency.

## ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				4	8
Legal-size File Drawers	8	16	Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				14	
				This Year's	Last Year's
				10	5
				Preceding Year's	All Prior Years'
				1	0
			AVERAGE DAILY REFERENCES		

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

- |  | YES                                 | NO                                  |
|--|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?<br>Copies of contracts are in applicable Division Director's office   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. Monthly summary report.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 16. Does the series contain classified information requiring security handling?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?<br>(Contract expiration)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 18. Could the function be performed if the files were lost or destroyed?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? Record copy may be reviewed for audit purposes when federal funds are involved. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 6 years:

a. ☐ STATE LAW    b. ☒ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Georgia Statute 3-705 (4361) Simple contracts in writing

All actions upon promissory notes, bills of exchange, or other simple contracts in writing shall be brought within six years after the same shall have become due and payable.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/ 2 year(s):  
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 4 year(s):  
☒ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

Administrative Support (Record Copy) - Cut-off file at the end of the calendar year, hold two years in current files area; then transfer to State Records Center for 4 years; then destroy.

DHR Division Coordinators

Not included in this schedule. (Will be scheduled separately.)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William J. McDonald Rmo	11-19-75	Phyllis E. Lee	11/19/75
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	William M. Dixon	12-11-75
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Carolee West	12-10-75
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Miss Hall	12-12-75
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

STATE RECORDS  
COMMITTEE